



03-18-02

RCE / 3738 #

Docket No. 23915-7319 #39

CERTIFICATE OF MAILING BY "EXPRESS MAIL" UNDER 37 CFR § 1.10:

I, hereby certify that this paper and all enclosures are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37 CFR § 1.10 on March 13, 2002, Express Mail Label No. EL828015231US and is addressed to the Assistant Commissioner for Patents, Washington, D.C., 20231.

Gam Pascual
Signature of Person Mailing

Reg. f.c.f.
D. Byer
3/27/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Thomas A. Silvestrini

Serial No.: 08/596,221

Filing Date: July 15, 1996

Title: SEGMENTED PLIABLE INTRASTROMAL CORNEAL INSERT

REQUEST FOR CONTINUED EXAMINATION (RCE) & FEE TRANSMITTAL

(for nonprovisional applications under 37 CFR § 1.114)

Commissioner for Patents

BOX RCE

Washington, D.C. 20231

Sir:

Transmitted herewith for filing in connection with the above-identified patent application are the following:

1. SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114

a. ☒ Previously submittedi. ☒ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on October 15, 2001.
(Any unentered amendment(s) referred to above will be entered).ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____iii. ☐ Other _____b. ☒ Enclosedi. ☐ Amendment/Replyii. ☐ Affidavit(s)/Declaration(s)iii. ☐ Information Disclosure Statement (IDS)iv. ☒ Other Letter of Transmittal

2. MISCELLANEOUS

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ___ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)b. ☐ Other _____

3. FEES

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-1193.i. ☒ RCE fee required under 37 C.F.R. § 1.117(e). [\$740.00/\$370.00] \$740.00ii. ☒ Extension of time fee (37C.F.R. §§ 1.136 and 1.17) 3 months] \$920.00iii. ☐ Other _____ \$ _____TOTAL FEES \$1,660.00b. ☐ Check in the amount of \$ _____ enclosed.c. ☐ Payment by credit card (Form PTO-2038 enclosed).

SEND ALL CORRESPONDENCE TO:

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